

Step 1: Provide the following debtor information

1 Debtor's name \_\_\_\_\_

2 Debtor's Social Security number \_\_\_\_\_

3 Debtor's present or last known address  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

4 Debtor's last known phone number (\_\_\_\_) \_\_\_\_-\_\_\_\_

5 Do you owe the debtor any funds? ☐ Yes ☐ No

6 Is this the last payment you will be sending us? ☐ Yes ☐ No  
If you answered "Yes," mark the box that best describes why this is your last payment.  
☐ This is the last payment needed to fully pay the debtor's liability.  
☐ As of \_\_\_\_/\_\_\_\_/\_\_\_\_, I no longer employ this debtor.  
Month Day Year  
☐ Other reason: \_\_\_\_\_

7 Financial institution where you made direct deposits for this debtor \_\_\_\_\_

8 Financial institution address  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

9 Debtor's new employer \_\_\_\_\_

10 New employer's phone number (\_\_\_\_) \_\_\_\_-\_\_\_\_

11 New employer's address  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

12 Information that may help us locate this debtor \_\_\_\_\_

Step 2: Answer the following interrogatories

13 Write the amount of court-ordered child support that is due each week. \$ \_\_\_\_\_

14 Figure the amount to withhold. See instructions.

Column A Gross wages	Column B 15% of gross wages (Multiply Column A by 0.15)	Column C Total withheld (FICA, federal tax, and state tax)	Column D Disposable earnings (Column A minus Column C)	Column E 45 times minimum hourly wage	Column F Column D minus Column E	Column G Net amount due (Lesser of Columns B or F)	Column H Total amount due (Column G minus Line 13, no negative figures)
wk 1 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 2 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 3 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 4 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 5 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 6 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 7 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 8 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
wk 9 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
15 Add the figures in Column H. You must send us this amount. Make your remittance payable to "Illinois Department of Public Aid."							\$ _____

Step 3: Sign below

The undersigned, under oath, states that the answers to the interrogatories are true, and a completed copy of the interrogatories has been hand-delivered or mailed first class to the address provided in Step 1 on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Month Day Year

Signature of employer or employer's agent \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Signed and sworn before me \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Month Day Year

Signature of notary public \_\_\_\_\_

Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form is authorized as outlined by the Public Act 86-1268. Disclosure of this information is REQUIRED. Failure to provide information could result in personal liability of the employer.  
This form has been approved by the Forms Management Center. IL-492-3161

